



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 0 2 - 0 1 0	2. STATE GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE October 1, 2002	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1931 of the Act.		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2003 \$ 0 No budget impact.	
		b. FFY 2004 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 2a Supplement 1 to Attachment 2.6-A, page 2 Supplement 12 to Attachment 2.6-A, pages 1 and 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, page 2a Supplement 1 to Attachment 2.6-A, page 2 Supplement 12 to Attachment 2.6-A, pages 1 and 2	
10. SUBJECT OF AMENDMENT: REMOVAL OF EXTENDED SERVICES AUTHORIZED UNDER SECTION 1931 OF THE ACT			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: DEPARTMENT OF COMMUNITY HEALTH DIVISION OF MEDICAL ASSISTANCE 2 PEACHTREE STREET, NW ATLANTA, GEORGIA 30303-3159	
13. TYPED NAME: MARK TRAIL			
14. TITLE: DIRECTOR, DIVISION OF MEDICAL ASSISTANCE			
15. DATE SUBMITTED: November 1, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 6, 2002		18. DATE APPROVED: January 24, 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2002		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Rhonda R. Cottrell		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

Agency*
Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required
Special Groups (Continued)

407(b), 1902
(a)(10)(A)(i)
and 1905(m)(1)
of the Act

3. Qualified Family Members (Medicaid Only)

See Item A.10, pg 4a.

1902(a)(52)
and 1925 of the Act

4. Families terminated from Low Income Medicaid solely because of earnings, hours of employment, or loss of earned income disregards are entitled to up to twelve months of extended benefits in accordance with Section 1925 of the Act.

*Agency that determines eligibility for coverage.

TTN No. 02-010

Supersedes Approval Date January 24, 2003 Effective Date October 1, 2002

TN No. 00-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

INCOME ELIGIBILITY LEVELS

A. Mandatory Categorically Needy (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- 1902(a)(52) 5. Families terminated from Low Income Medicaid solely because of new or increased earnings, hours of employment, or loss of earned income disregards are entitled to up to twelve months of extended benefits in accordance with Section 1925 of the Act. The income eligibility level during the second six month's extension is 185 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 02-010

Supersedes

Approval Date January 24, 2003 Effective Date October 1, 2002

TN No. 00-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: GEORGIA

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under Section 1931 of the Social Security Act.

The following groups were included in the AFDC State plan effective July 16, 1996.

- ☐ Pregnant women with no other eligible children.
- ☐ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- ☐ In determining eligibility for Medicaid, the Agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.
- ☒ In determining eligibility for Medicaid, the Agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications:
 - ☐ The Agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
 - \$4,650 exemption for one motor vehicle.
 - Disregard the value of life insurance policies.
 - Disregard the earnings of a child in school full or part-time,
 - Disregard earnings from employment with the Census Bureau.

TN No. 02-010

Supersedes Approval Date January 24, 2003

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TN No. 00-006

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- Deduct \$1,500 from the equity value of one vehicle.
- The cash surrender value of life insurance policies is considered as a resource.
- Earned income of a child who meets the in school test is excluded from the budgeting process for six (6) months of the calendar year. For the other six (6) months, the income is counted toward the gross income ceiling test.
- Income received from employment with the Census Bureau is considered as earned income

 X The Agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

- Drop any prior workforce requirements and eliminate the 100-hour rule (i.e., drop the requirement that the principal wage earner in an intact family be employed less than 100 hours per month).

 The Agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1998, as follows:

 The Agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 The Agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

 The Agency provides Medicaid for up to twelve (12) months to working families who become ineligible for Low Income Medicaid because of new or increased earnings of a caretaker or other adult or the expiration of the 1/3 or \$30.00 or loss of the earned income deduction.